MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S) 09/600594		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	1							51						
2		1						52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9		0						59						
10								60						
11	1							61						
12		1						62						
13								63						
14		01						64						
15		1						65						
16		1						66						
17	1							67						
18		1						68						
19								69						
20		1						70						
21								71						
22								72						
23								73						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	18							TOTAL DEP.						
TOTAL CLAIMS	21							TOTAL CLAIMS						

PTO-1160